

# Virginia Immunization Information System – Flat File Specification Version 1.4

(Revised 05/08/2009)

Immunization data is passed to the central registry using three flat files containing client, immunization, and comment information (optional) respectively. The files will be linked via a 24-character Record Identifier supplied by the provider of the file. This identifier will uniquely identify each client and will appear in each immunization and comment (optional) record to link the immunization and comment (optional) to the client. Character fields need to be left justified and blank-filled, number fields right justified and blank-filled, and date fields in format MMDDYYYY with leading zeroes. If a site is unable to supply any information for a specified field, the entire field needs be filled with blanks.

Every client record must be associated with immunization data in order to be accepted by VIIS. Below are the fields to include in each of the files. Files need to be generated using the ASCII character set (UNIX / ANSI). Records will be fixed length and need to be terminated with a carriage return/line feed.

When submitting data, please submit as many of the elements listed below as possible for completeness. **At a minimum, fields identified with a 'Y' in the *Required* column must be submitted in order for the file to be processed by VIIS. Preferred fields ("P") are indicated as well.** These fields are important as they play a role in the de-duplication of clients and immunizations in VIIS.

WE STRONGLY SUGGEST that you please include these ‘preferred fields’ whenever possible, to help avoid de-duplication errors.

**The required and preferred fields are indicated in RED BOLD.**

## File 1-Client Data

Column	Data type	Required	Default	Notes
Record Identifier	Char(24)	Y		Supplied by sender, used to link a Client to Immunization records.
Client Status	Char(1)	*	A	<ul style="list-style-type: none"><li>○ Use the VIIS code set for <b>Client Status</b>.</li><li>○ <i>This field is required to be sent as 'P' if sending a Death Date.</i></li><li>○ <b>A = Active, N= Inactive, P=Permanently Inactive Deceased Clients</b></li></ul>
First Name	Char(25)	Y		<ul style="list-style-type: none"><li>○ Client first name must not be BLANK.</li><li>○ If client does not have a first name, “NO FIRST NAME” must be entered in this field.</li><li>○ BABY, BABY BOY, BABY GIRL IS not Acceptable.</li><li>○ Client First Name must be greater than one character length.</li><li>○ First Name must NOT contain any characters other than: a-z, A-Z, "-", "", to be accepted.</li></ul>
Middle Name	Char(25)	P		Middle Name must not contain any characters other than: a-z, A-Z, "-", "", or "." to be accepted.
Last Name	Char(35)	Y		<ul style="list-style-type: none"><li>○ Client last name must not be BLANK</li><li>○ If client does not have last name, “NO LAST NAME” must be entered in field</li><li>○ BABY, BABY BOY, BABY GIRL is not acceptable.</li><li>○ Client last name must be greater than one character length.</li><li>○ Last Name must not contain any characters other than: a-z, A-Z, "-", "", or "." to be accepted.</li></ul>
Name Suffix	Char(10)			JR, III, etc.
Birth Date	Date(8)	Y		MMDDYYYY
Death Date	Date(8)	*		<ul style="list-style-type: none"><li>○ MMDDYYYY</li><li>○ Make sure to include the Client Status value of 'P' if sending a Death Date.</li></ul>
Mothers First Name	Char(25)	P		These are mandatory fields in VIIS. However, if the information is unavailable for historical records, fill these fields with blanks.
Mothers Maiden Last Name	Char(35)	P		
Sex (Gender)	Char(1)	P		Use the VIIS code set for <b>Sex (Gender)</b> .

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<b>Column</b>	<b>Data type</b>	<b>Required</b>	<b>Default</b>	<b>Notes</b>
Race	Char(1)			Use the VIIS code set for <b>Race</b> .
Ethnicity	Char(2)			Use the VIIS code set for <b>Ethnicity</b> .
SSN	Char(9)			<ul style="list-style-type: none"> <li>○ Must be a valid SSN to load.</li> <li>○ Invalid SSN's are considered to be any SSN with all of the same numbers (999999999), all consecutive numbers (123456789 or 987654321 or 098765432, etc.), any SSN containing non-numeric characters, any SSN beginning with '000' or ending with '0000', and any SSN beginning in the range of '700 – 728'.</li> <li>○ A record with an invalid SSN will not be rejected itself, but the invalid SSN will be rejected and this will be noted in the response file.</li> </ul>
Contact Allowed	Char(2)		02	<ul style="list-style-type: none"> <li>○ Controls whether notices are sent.</li> <li>○ Use the VIIS code set for <b>Contact</b>.</li> <li>○ If &lt;null&gt; default to 02 (Contact is Allowed).</li> </ul>
Consent to Share	Char(1)		<null>	<ul style="list-style-type: none"> <li>○ Controls visibility of records to other organizations.</li> <li>○ Use Y, N, or &lt;null&gt;.</li> <li>○ If incoming value is null, database will store as 'U' and UI will store as "Unknown". Null will be sent back on bidirectional and VIIS to PO exchanges.</li> </ul>
Chart Number	Char(20)			<ul style="list-style-type: none"> <li>○ Identifier within the sending organization's system.</li> <li>○ Can be used for client lookup, specific to each provider.</li> </ul>
Responsible Party First Name	Char(25)			
Responsible Party Middle Name	Char(25)			
Responsible Party Last Name	Char(35)			
Responsible Party Relationship	Char(2)			Use the VIIS code set for <b>Relationship</b> .
<b>Street Address</b>	<b>Char(55)</b>	<b>P</b>		
<b>PO Box Route Line</b>	<b>Char(55)</b>	<b>P</b>		
<b>Other Address Line</b>	<b>Char(55)</b>	<b>P</b>		
<b>City</b>	<b>Char(52)</b>	<b>P</b>		
<b>State</b>	<b>Char(2)</b>	<b>P</b>		
<b>Zip</b>	<b>Char(9)</b>	<b>P</b>		If +4 zip is used, the first 5 characters and second 4 characters are concatenated into a single value, without separators.
County	Char(5)			Use the VIIS code set for <b>County</b> .
Phone	Char(17)			Format as digits only starting with the area code, ex. 6081234567.
<b>Sending Organization</b>	<b>Char(5)</b>	<b>R</b>		<ul style="list-style-type: none"> <li>○ This field is provided to you by VDH and identifies the organization that is sending data.</li> <li>○ It is used to input the code of the provider organization that owns this client and corresponding immunization records.</li> <li>○ The code to use is the organization short name which is the same code used to login to the system. <b>Contact the VIIS Help Desk</b> if you need assistance locating the appropriate organization short name.</li> </ul>

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\*This field is optional if an organization is sending all of its own records. This field is **required** if an organization other than the organization that owns the record(s) is transmitting this file. **Contact the VIIS Help Desk** for more information.

## File 2 - Immunization Data

Column	Data type	Required	Default	Notes
<b>Client Record Identifier</b>	<b>Char(24)</b>	<b>Y</b>		Supplied by sender, used to link Immunizations to a Clients record.
<b>Vaccine Group</b>	<b>Char(16)</b>	<b>P</b>		<i>Either Vaccine Group or CPT Code is required. If possible, please send both. Use the VIIS code set for Vaccine Codes.</i>
<b>CPT Code</b>	<b>Char(5)</b>	<b>P</b>		
Trade Name	Char(24)			Use the VIIS code set for <b>Vaccine Codes</b> .
<b>Vaccination Date</b>	<b>Date(8)</b>	<b>Y</b>		<b>MMDDYYYY</b>
Administration Route Code	Char(2)			Use the VIIS code set for <b>Administration Route</b> .
Body Site Code	Char(4)			Use the VIIS code set for <b>Body Site</b> .
Reaction Code	Char(8)			Use the VIIS code set for <b>Reaction</b> .
Manufacturer Code	Char(4)			Use the VIIS code set for <b>Manufacturers</b> .
Immunization Information Source	Char(2)		01	<ul style="list-style-type: none"> <li>○ Indicates whether this immunization was administered by your organization or the immunization information is historical from client record.</li> <li>○ Use the VIIS code set for <b>Immunization Information Source</b>.</li> </ul>
Lot Number	Char(30)			Converted records will be stored in VIIS as historical records, so the Lot Number will not correspond to inventory tracked in VIIS, but Lot Number can still be stored as historical information.
Provider Name	Char(50)			The historical provider name.
Administered By Name	Char(50)			The name of the person who administered the vaccination.
Site Name	Char(30)			The name of the clinic site where the vaccination occurred.
<b>Sending Organization</b>	<b>Char(5)</b>	<b>R</b>		<ul style="list-style-type: none"> <li>○ This field is provided to you by VDH and identifies the organization that is sending data.</li> <li>○ It is used to input the code of the provider organization that owns this client and corresponding immunization records.</li> <li>○ The code to use is the organization short name which is the same code used to login to the system. <b>Contact the VIIS Help Desk</b> if you need assistance locating the appropriate organization short name.</li> </ul>
Financial Class Eligibility	Char(4)			Populate with appropriate HL7 table 0064 values
Vaccine Purchased With	Char(3)			Populate with appropriate value from HL7 NIP008 – Valid Values PVF (private funds) or PBF (public funds)

## File 3 - Comment Code (Optional File – Not Required)

Column	Data type	Required	Default	Notes
Client Record Identifier	Char(24)	Y		Supplied by sender, used to link Comments to a Clients record. This field is required if a comment code is being sent.
Comment Code	Char(2)	Y		Use the VIIS code set for <b>Comments</b> .

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Applies to Date	Date(8)			The date to which the comment applies. MMDDYYYY
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## Examples

Records need to be **blank** filled. In the following example, blanks are represented with the '\*' character for illustrative purposes.

### Client Record

```
12345*****AMELANA*****RAE*****MAERZ*****  
*****08141985*****MARY*****CARPENTER*****FWN  
H*****02Y*****33DAVID*****RAPHAEL*****MAERZ*****  
*****33125*WEST*STREET*****DANE*****  
*****WI535291234WI025*****6085556543*****
```

### Immunization Record

```
12345*****DTAP*****TETRAMUNE*****10091985*****00***  
*****  
*****
```

### Comment Code Record

```
12345*****3110091985
```

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Table Item	Code	Description
Administration Route	<b>ID</b>	Intradermal
	<b>IM</b>	Intramuscular
	<b>IN</b>	Intranasal
	<b>IV</b>	Intravenous
	<b>PO</b>	Oral
	<b>SC</b>	Subcutaneous
	<b>TD</b>	Transdermal
	<b>MP</b>	Multiple Puncture (Small Pox)
Body Site	<b>LA</b>	Left Arm
	<b>LG</b>	Left Gluteous Medius
	<b>LT</b>	Left Thigh
	<b>LD</b>	Left Deltoid
	<b>LVL</b>	Left Vastus Lateralis
	<b>LLFA</b>	Left Lower Forearm
	<b>RA</b>	Right Arm
	<b>RG</b>	Right Gluteous Medius
	<b>RT</b>	Right Thigh
	<b>RD</b>	Right Deltoid
	<b>RVL</b>	Right Vastus Lateralis
	<b>RLFA</b>	Right Lower Forearm
Client Status	<b>A</b>	Active
	<b>N</b>	Inactive
	<b>P</b>	Permanently Inactive – Deceased Clients
Comments	<b>03</b>	Allergy to baker's yeast (anaphylactic)
	<b>04</b>	Allergy to egg ingestion (anaphylactic)
	<b>05</b>	Allergy to gelatin (anaphylactic)
	<b>06</b>	Allergy to neomycin (anaphylactic) MMR & IPV
	<b>07</b>	Allergy to Streptomycin (anaphylactic)
	<b>08</b>	Allergy to Thimerosal (anaphylactic)
	<b>22</b>	Chronic illness
	<b>21</b>	Current acute illness, moderate to severe
	<b>14</b>	Current diarrhea, moderate to severe
	<b>16</b>	Current fever with moderate-to-severe illness
	<b>18</b>	Guillain-Barre Syndrome (GBS) within 6 weeks after DTP/DTaP
	<b>26</b>	Hepatitis B ANTIBODY to surface antigen, positive(immune)
	<b>26</b>	Hepatitis B titer – immune
	<b>29</b>	History of Pertussis
	<b>31</b>	History of Rubella
	<b>33A</b>	History of Varicella/chicken pox
	<b>23</b>	Immune globulin(IG) administration, recent or simultaneous
	<b>24</b>	Immunity: Diphtheria
	<b>25</b>	Immunity: Haemophilus Influenzae type B
	<b>HEPA_I</b>	Immunity: Hepatitis A
	<b>26</b>	Immunity: Hepatitis B
	<b>27</b>	Immunity: Measles
	<b>28</b>	Immunity: Mumps
	<b>29</b>	Immunity: Pertussis
	<b>30</b>	Immunity: Poliovirus

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<b>Table Item</b>	<b>Code</b>	<b>Description</b>
	<b>31</b>	Immunity: Rubella
	<b>32</b>	Immunity: Tetanus
	<b>33</b>	Immunity: Varicella (chicken pox)
	<b>34</b>	Immunodeficiency (family history)OPV & VZV
	<b>35</b>	Immunodeficiency (household contact) OPV
	<b>36</b>	Immunodeficiency (in recipient) OPV & MMR & VZV
	<b>27</b>	Measles titer – immune
	<b>28</b>	Mumps titer – immune
	<b>37</b>	Neurologic disorders, underlying (seizure disorder)
	<b>38</b>	Otitis media (ear infection) moderate to severe
	<b>PALL</b>	Refusal of All Childhood Vaccines
	<b>P1</b>	Refusal of DT
	<b>P2</b>	Refusal of DtaP
	<b>P3</b>	Refusal of HepB
	<b>P4</b>	Refusal of Hib
	<b>P5</b>	Parental refusal of MMR
	<b>P6</b>	Refusal of Pneumococcal
	<b>P7</b>	Refusal of Polio
	<b>P8</b>	Refusal of TD
	<b>P9</b>	Refusal of Varicella
	<b>P10</b>	Refusal of Smallpox
	<b>PB</b>	Refusal of HepA
	<b>PC</b>	Refusal of Influenza
	<b>39</b>	Pregnancy (in recipient)
	<b>31</b>	Rubella titer – immune
	<b>40</b>	Thrombocytopenia
	<b>41</b>	Thrombocytopenia purpura (history)
	<b>33</b>	Varicella titer – immune
<b>Contact</b>	<b>01</b>	No contact allowed – Notices are not to be sent.
	<b>02</b>	Contact Allowed – Notices will be sent.
<b>County</b>	VA001	Accomack
	VA003	Albemarle
	VA005	Alleghany
	VA007	Amelia
	VA009	Amherst
	VA011	Appomattox
	VA013	Arlington
	VA015	Augusta
	VA017	Bath
	VA019	Bedford
	VA021	Bland
	VA023	Botetourt
	VA025	Brunswick
	VA027	Buchanan
	VA029	Buckingham
	VA031	Campbell
	VA033	Caroline
	VA035	Carroll
	VA036	Charles City
	VA037	Charlotte
	VA041	Chesterfield
	VA043	Clarke
	VA045	Craig

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<b>Table Item</b>	<b>Code</b>	<b>Description</b>
	VA047	Culpeper
	VA049	Cumberland
	VA051	Dickenson
	VA053	Dinwiddie
	VA057	Essex
	VA059	Fairfax
	VA061	Fauquier
	VA063	Floyd
	VA065	Fluvanna
	VA067	Franklin
	VA069	Frederick
	VA071	Giles
	VA073	Gloucester
	VA075	Goochland
	VA077	Grayson
	VA079	Greene
	VA081	Greenville
	VA083	Halifax
	VA085	Hanover
	VA087	Henrico
	VA089	Henry
County	VA091	Highland
	VA093	Isle of Wight
	VA095	James City
	VA097	King and Queen
	VA099	King George
	VA101	King William
	VA103	Lancaster
	VA105	Lee
	VA107	Loudoun
	VA109	Louisa
	VA111	Lunenburg
	VA113	Madison
	VA115	Mathews
	VA117	Mecklenburg
	VA119	Middlesex
	VA121	Montgomery
	VA125	Nelson
	VA127	New Kent
	VA131	Northampton
	VA133	Northumberland
	VA135	Nottoway
	VA137	Orange
	VA139	Page
	VA141	Patrick
	VA143	Pittsylvania
	VA145	Powhatan
	VA147	Prince Edward
	VA149	Prince George
	VA153	Prince William
	VA155	Pulaski
	VA157	Rappahannock
	VA159	Richmond
	VA161	Roanoke
	VA163	Rockbridge

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<b>Table Item</b>	<b>Code</b>	<b>Description</b>
	VA165	Rockingham
	VA167	Russell
	VA169	Scott
	VA171	Shenandoah
	VA173	Smyth
	VA175	Southampton
	VA177	Spotsylvania
	VA179	Stafford
	VA181	Surry
	VA183	Sussex
	VA185	Tazewell
	VA187	Warren
	VA191	Washington
	VA193	Westmoreland
	VA195	Wise
	VA197	Wythe
	VA199	York
	VA510	Alexandria (city)
	VA515	Bedford (city)
	VA520	Bristol (city)
	VA530	Buena Vista (city)
	VA540	Charlottesville (city)
	VA550	Chesapeake (city)
	VA560	Clifton Forge (city)
	VA570	Colonial Heights (city)
	VA580	Covington (city)
	VA590	Danville (city)
	VA595	Emporia (city)
	VA600	Fairfax (city)
	VA610	Falls Church (city)
	VA620	Franklin (city)
	VA630	Fredericksburg (city)
	VA640	Galax (city)
	VA650	Hampton (city)
	VA660	Harrisonburg (city)
	VA670	Hopewell (city)
	VA678	Lexington (city)
	VA680	Lynchburg (city)
	VA683	Manassas (city)
	VA685	Manassas Park (city)
	VA690	Martinsville (city)
	VA700	Newport News (city)
	VA710	Norfolk (city)
	VA720	Norton (city)
	VA730	Petersburg (city)
	VA735	Poquoson (city)
	VA740	Portsmouth (city)
	VA750	Radford (city)
	VA760	Richmond (city)
	VA770	Roanoke (city)
	VA775	Salem (city)
	VA780	South Boston (city)
	VA790	Staunton (city)
	VA800	Suffolk (city)
	VA810	Virginia Beach (city)

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Table Item	Code	Description
	VA820	Waynesboro (city)
	VA830	Williamsburg (city)
	VA840	Winchester (city)
Ethnicity	<b>NH</b>	Non-Hispanic
	<b>H</b>	Hispanic
Immunization Information Source	<b>00</b>	Administered Vaccine by providing organization
	<b>01</b>	Historical recorded from client record
Manufacturers	<b>AB</b>	Abbott Laboratories ( <i>Ross Products Division</i> )
	<b>AD</b>	Adams Laboratories
	<b>ALP</b>	Alpha Therapeutic Corporation
	<b>AR</b>	Armour (Inactive use AVB)
	<b>AVB</b>	Aventis Behring L.L.C. ( <i>Centeon and Armour Pharmaceutical</i> )
	<b>AVI</b>	Aviron
	<b>BA</b>	Baxter Healthcare Corporation (Inactive use BAH)
	<b>BAH</b>	Baxter Healthcare Corporation ( <i>Hyland, Immuno Intl. AG, and N. Amer. Vac</i> )
	<b>BAY</b>	Bayer (Including Miles And Cutter)
	<b>BP</b>	Berna Products (Inactive use BPC)
	<b>BPC</b>	Berna ( <i>Includes Swiss Serum And Vaccine Institute Berne (Vib)</i> )
	<b>CEN</b>	Centeon (Inactive use AVB)
	<b>CHI</b>	Chiron Corporation
	<b>CMP</b>	Celltech Medeva Pharmaceuticals (Inactive use PWJ)
	<b>CNJ</b>	Cangene Corporation
	<b>CON</b>	Connaught (Inactive use PMC)
	<b>DVC</b>	DynPort Vaccine Company, LLC
	<b>EVN</b>	Evans Medical Limited (Inactive use PWJ)
	<b>GEO</b>	GeoVax Labs, Inc.
	<b>GRE</b>	Greer Laboratories Inc.
	<b>IAG</b>	Immuno International Ag (Inactive use BAH)
	<b>IM</b>	Merieux (Inactive use PMC)
	<b>IUS</b>	Immuno-U.S., Inc.
	<b>JPN</b>	Osaka University (Biken)
	<b>KGC</b>	Korea Green Cross Corporation
	<b>LED</b>	Lederle (Inactive use WAL)
	<b>MA</b>	Massachusetts Public Health Biologic Lab (Inactive use MBL)
	<b>MBL</b>	Massachusetts Biologics Laboratories
	<b>MED</b>	Medimmune, Inc.
	<b>MIL</b>	Miles (Inactive use BAY)
	<b>MIP</b>	Biopart Corporation (formerly Michigan Biologic Prod Inst.)
	<b>MSD</b>	Merck & Co., Inc.
	<b>NAB</b>	NABI (formerly North American Biologicals)
	<b>NAV</b>	North American Vaccine, Inc. (Inactive use BAH)
	<b>NOV</b>	Novartis Pharmaceutical Corp. ( <i>Ciba-Geigy and Sandoz</i> )
	<b>NVX</b>	Novavax, Inc
	<b>NYB</b>	New York Blood Center
	<b>OTC</b>	Organon Teknika Corporation
	<b>ORT</b>	Ortho-Clinical Diagnostics (formerly Ortho Diagnostic Systems, Inc.)
	<b>PMC</b>	Aventis Pasteur ( <i>Connaught and Pasteur Merieux</i> )
	<b>PD</b>	Parkdale Pharmaceuticals (formerly Parke-Davis)
	<b>PRX</b>	Praxis Biologics (Inactive use WAL)
	<b>PWJ</b>	Powerject Pharmaceuticals ( <i>Celltech Medeva and Evans Medical</i> )
	<b>SA</b>	United States Army Medical Research and Material Command
	<b>SCL</b>	Sclavo, Inc.

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<b>Table Item</b>	<b>Code</b>	<b>Description</b>
	<b>SI</b>	Swiss Serum and Vaccine Inst. (Inactive use BPC)
	<b>SKB</b>	GlaxoSmithKline ( <i>SmithKline Beecham and Glaxo Wellcome</i> )
	<b>SOL</b>	Solvay Pharmaceuticals
	<b>TAL</b>	Talecris Biotherapeutics (includes Bayer Biologicals)
	<b>USA</b>	Us Army Med Research
	<b>VXG</b>	VaxGen
	<b>WA</b>	Wyeth-Ayerst (Inactive use WAL)
	<b>WAL</b>	Wyeth-Ayerst ( <i>Lederle and Praxis</i> )
	<b>ZLB</b>	ZLB Behring (includes Aventis Behring and Armour Pharmaceutical Company)
	<b>OTH</b>	Other manufacturer
	<b>UNK</b>	Unknown
<b>Race</b>	<b>I</b>	American Indian or Alaska Native
	<b>A</b>	Asian or Pacific Islander
	<b>B</b>	Black or African-American
	<b>W</b>	White
	<b>H</b>	Hispanic
	<b>O</b>	Other
<b>Race</b>	<b>U</b>	Unknown
<b>Relationship</b>	<b>18</b>	Self
	<b>61</b>	Aunt
	<b>62</b>	Brother
	<b>33</b>	Father
	<b>87</b>	Foster Father
	<b>88</b>	Foster Mother
	<b>97</b>	Grandfather
	<b>98</b>	Grandmother
	<b>26</b>	Guardian
	<b>32</b>	Mother
	<b>B7</b>	Sister
	<b>64</b>	Spouse
	<b>48</b>	Stepfather
	<b>49</b>	Stepmother
	<b>D3</b>	Uncle
<b>Reaction Codes</b>	<b>10</b>	Anaphylactic reaction
	<b>CRYING</b>	Persistent crying lasting $\geq$ 3 hours within 48 hours of immunization
	<b>ERVISIT</b>	Emergency room/doctor visit required
	<b>FEVER105</b>	Temperature $\geq$ 105 (40.5 C) within 48 hours of immunization
	<b>HYPOTON</b>	Hypotonic-hyporesponsive collapse within 48 hours of immunization
	<b>PERTCONT</b>	Pertussis allergic reaction
	<b>SEIZURE</b>	Seizure occurring within 3 days
	<b>TETCONT</b>	Tetanus allergic reaction
<b>Sex (Gender)</b>	<b>F</b>	Female
	<b>M</b>	Male
	<b>U</b>	Unknown

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## VACCINE CODES

CPT	CVX	Group	Vaccine	Trade Name	Description	MFG
90476	54	Adeno	Adeno T4	Adeno T4	Adenovirus type 4, live oral	WAL
90477	55		Adeno T7	Adeno T7	Adenovirus type 7, live oral	WAL
	82		Adeno, NOS		Recorded as CVX 54	
90581	24	Anthrax	Anthrax	Anthrax	Anthrax	MIP
90585	19	BCG	BCG-TB	BCG-TB	Bacillus Calmette-Guerin TB	OTC
90586			BCG-BC	BCG-Cancer	Bacillus Calmette-Guerin bladder cancer	OTC
90728			BCG, NOS		BCG, NOS	
90725	26	Cholera	Cholera-Injectable	Cholera-I	Cholera injectable	CHI
90592			Cholera-Oral	Cholera-O	Cholera Oral	CHI
90719		Diphtheria	Diphtheria	Diphtheria	Diphtheria	PD
90700	20	DTP/aP	DTaP	Acel-Imune	Diphtheria, tetanus, acellular pertussis	WAL
				Certiva		BAH
				Infanrix		SKB
				Tripedia		PMC
90701	01		DTP	DTP	Diphtheria, tetanus, whole cell pertussis	PMC
90702	28		DT	DT	Diphtheria tetanus pediatric	PMC
90720	22		DTP-Hib	Tetramune	DTP – Hib combination	WAL
90721	50		DTaP-Hib	TriHIBit	DtaP-Hib combination	PMC
90698	120		DTAP-Hib-IPV	Pentacel	DTAP-Hib-Polio combination	PMC
90696	130		DTAP-IPV	KINRIX	DTAP-Polio combination	SKB
90723	110		DTAP-HepB-Polio	Pediarix	DTAP-HepB-Polio combination	SKB
	106		DTAP, 5 pertussis antigens	DAPTACEL	Diphtheria, tetanus, acellular pertussis, 5 antigens	PMC
	107		DTaP, NOS		Recorded as CVX 20	
90655	15	Influenza	Influenza, Perservative-Free	Fluvirin, Preservative-Free	Influenza preservative free	CHI
90656				Fluzone, Preservative-Free		PMC
				Fluvirin, Preservative-Free		CHI
				Fluzone, Preservative-Free		PMC
90657				Flu-Imune		WAL
				Flu-Shield		WAL
				Fluzone		PMC
				Fluvirin		CHI
				Fluogen		PD
90658				Fluarix		SKB
		Influenza	Flu-Imune	Flu-Imune	Influenza split virus	WAL
				Flu-Shield		WAL
				Fluzone		PMC
				Fluvirin		CHI
				Fluogen		PD
				Fluarix		SKB
			Flu-Shield	Flu-Imune		WAL
				Fluzone		PMC
				Fluvirin		CHI
				Fluogen		PD
				Fluarix		SKB
90659	16	HepA	Influenza, Whole virus	Influenza, Whole virus	Influenza whole virus	
90660	111			Flu-nasal	Flu-Mist	Influenza live, for intranasal use
90724	88			Influenza, NOS	Flu-Deleted	Influenza, NOS
				Flu-Unspecified		
90632	52		HepA adult	Havrix-adult	Hepatitis A adult	SKB
				VAQTA adult		MSD
90633	83	HepA ped-2 dose	HepA ped-2 dose	Havrix ped/adol 2 dose	Hepatitis A pediatric/adolescent 2 dose	SKB
				VAQTA ped-2		MSD
90634	84		HepA ped-3 dose	Havrix ped/adol 3 dose	Hepatitis A pediatric/adolescent 3 dose	SKB
				VAQTA ped-3		MSD
90636	104	HepB	HepA-HepB Adult	Twinrix	Hepatitis A & Hepatitis B adult	SKB
90730	85		Hep A, NOS		Hep A, NOS	
	31		Hep A-peds, NOS		Recorded as CVX 85	
90636	104		HepA-HepB Adult	Twinrix	Hepatitis A & Hepatitis B adult	SKB
90723	110		DTAP-HepB-Polio	Pediarix	DTAP-HepB-Polio combination	SKB
90731	45		Hep B, NOS		Hep B, NOS	

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90740	44		Hep B-dialysis 3 dose		Hepatitis B Dialysis 3 dose	
90743	43		HepB adult	Recombivax-Adult	Hepatitis B adult dose 1ml	MSD
				Engerix-B-Adult		SKB
90744	08		HepB pediatric	Recombivax-Peds	Hepatitis B pediatric/adolescent .5ml	MSD
				Engerix-B-Peds		SKB
90745	42		Hep B, adolescent/high risk infant		Hep B, adolescent/high risk infant	
90746	43		HepB adult	Recombivax-Adult	Hepatitis B adult dose 1ml	MSD
				Engerix-B-Adult		SKB
90747	44		HepB-dialysis 4 dose	Recombivax-dialysis	Hepatitis B Dialysis 4 dose	MSD
				Engerix-B dialysis		SKB
90748	51		HepB-Hib	Comvax	HepB-Hib Combination	MSD
			HepB-Unspecified			
90645	47	Hib	Hib-HbOC	Hib-TITER	Hemophilus influenza b HbOC 4 dose	WAL
90646	46		Hib-PRP-D	ProHIBit	Hemophilus influenza b PRP-D booster	PMC
90647	49		Hib-OMP	PedvaxHIB	Hemophilus influenza b OMP 3 dose	MSD
90648	48		Hib-PRP-T	OmniHib	Hemophilus influenza b PRP-T 4 dose	PMC
				ActHib		
90720	22		DTP-Hib	Tetramune	DTP – Hib combination	WAL
90721	50		DtaP-Hib	TriHIBit	DtaP-Hib combination	PMC
90737	17				Hib,NOS	
90748	51		HepB-Hib	Comvax	HepB-Hib Combination	MSD
90698	120		DtaP-Hib-IPV	Pentacel	DtaP-Hib-IPV combination	PMC
			Hib-Unspecified			
90649	62	HPV	HPV, Quadrivalent	Gardasil	Human Papilloma Virus	MSD
90281	86	Ig	Ig	Ig	Ig human	
90283	87		IgIV	IgIV	Ig IV human	
				Flebogamma		
90287	27		Botulinum-antitoxin	Botulinum-antitoxin	Botulinum antitoxin equine	
90288			Botulism	BabyBIG	Botulism Immune Globulin	
				Botulism		
				BIG		
90291	29		CMV-IgIV	CMV-IgIV	Cytomegalovirus Ig IV human	
90399			Ig	Ig	Unlisted immune globulin	
90296	12		Diphtheria-antitoxin	Diphtheria-antitoxin	Diphtheria antitoxin, equine	
90371	30		HBIG	HBIG	Hepatitis B Ig human	
90375	34		RIG	Rig	Rabies Ig human	
90376	34		RIG-HT	RIG-HT	Rabies Ig heat treated human	
90378	93		RSV-IgIM	RSV-IgIM	Respiratory syncytial virus Ig	
90379	71		RSV-IgIV	RSV-IgIV	Respiratory syncytial virus Ig IV	
90384			Rho(D)Full	Rho(D)Full	Rho(D) Ig Rhlg human full-dose	
90385			Rho(D)Mini	Rho(D)Mini	Rho(D) Ig Rhlg human mini-dose	
90386			Rho(D)IV	Rho(D)IV	Rho(D) Ig Rhlg human IV	
90389	13	TiG	TiG	BayTet	Tetanus Ig human	
				TiG		
90393	79	Vaccinia	Vaccinia immune globulin	Vaccinia-Ig	Vaccinia Ig human	
90396	36		VZIg	VZIg	Varicella-zoster Ig human	
	117	Varicella	VZIG (IND)	VariZIG		CNJ
			Varicella IG			
90665	66	Lyme	Lyme	LYMERix	Lyme disease	SKB
90735	39	Encephalitis	Japanese encephalitis	JE-Vax	Japanese encephalitis	JPN
90705	05	Measles	Measles	Measles	Measles live 1964-1974 (Eli Lilly)	MSD
				Attenuvax	Measles live	MSD
90708	04		Measles-Rubella	M-R-VAX	Measles and rubella live	MSD
				Measles-Rubella (MERU)		MSD
90704	07	Mumps	Mumps	Mumps	Mumps 1950-1978	MSD
				Mumpsvax	Mumps live	MSD
90709			Rubella-Mumps, NOS			
	38		Rubella-Mumps	Biavax II	Rubella and mumps live	MSD
				Mumps-Rubella (MURU)		MSD
90707	03	MMR	MMR	MMR II	Measles, mumps and rubella live	MSD

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CPT	CVX	Group	Vaccine	Trade Name	Description	MFG
90710	94		MMRV	MMRV	Measles, mumps, rubella, varicella live	MSD
90733	32	Meningo	Meningococcal	MENOMUNE	Meningococcal polysaccharide	PMC
90734	114		Meningococcal polysaccharide conjugate	Menactra	Meningococcal [Groups A, C, Y and W-135] Polysaccharide Diphtheria Toxoid Conjugate Vaccine	PMC
	108		Meningococcal, NOS		Meningococcal, NOS	
90715	115	Pertussis	TdaP > 7 Years	Adacel	TdaP > 7 years	PMC
				Boostrix		SKB
90712	02	Polio	Polio oral	ORIMUNE	Poliovirus OPV live oral	WAL
90713	10		Polio injectable	IPOL	Poliovirus inactivated IPV	PMC
90698	120		DTAP-Hib-IPV	Pentacel	DTAP-Hib-Polio combination	PMC
90723	110		DTAP-HepB-Polio	Pediarix	DTAP-HepB-Polio combination	SKB
90696	130		DTAP-IPV	KINRIX	DTAP-Polio combination	SKB
	89		Polio-Unspecified		Polio, NOS	
90727	23	Plague	Plague	Plague	Plague	GRE
90732	33	Pneumo-Poly	Pneumococcal 23	PNU-IMUNE23	Pneumococcal polysaccharide 23 valent	WAL
				Pneumovax23		MSD
90669	100	Pneumococcal	Pneumo-conjugate	Prevnar	Pneumococcal conjugate polyvalent	WAL
	109		Pneumococcal-Unspecified			
90675	18	Rabies	Rabies-intramuscular	RabAvert	Rabies intramuscular	CHI
				Imovax Rabies I.M.		PMC
90676	40		Rabies-intradermal	Imovax Rabies I.D.	Rabies intradermal	PMC
90726	90		Rabies-NOS		Rabies not otherwise specified	
90680	74	Rotavirus	Rotavirus, Pent	RotaTeq	Rotavirus pentavalent (after 02/02/2006)	MSD
					Between 10/16/1999 and 02/01/2006)	
90681	119		Rotavirus-monovalent	Rotarix	Rotavirus-monovalent, live	SKB
90706	06	Rubella	Rubella	Rubella	Rubella live	MSD
				Meruvax II		MSD
90708	04		Measles-Rubella	Measles-Rubella (MERU)	Measles and rubella live	MSD
				M-R-VAX		MSD
90709				Rubella-Mumps NOS	Rubella-Mumps, NOS	
	38		Rubella-Mumps	Mumps-Rubella (MURU)	Rubella and mumps live	MSD
				Biavax II		MSD
	75	Smallpox	Smallpox	ACAM2000	Vaccinia(Smallpox) dry	ACA
				Dryvax		WAL
	105		Vaccinia (Smallpox), diluted	Vaccinia (smallpox), diluted	Vaccinia (smallpox), diluted	
90718	09	Td	Td	Td	Tetanus and diphtheria adult	PMC
				DECAVAC (prior to 7/1/2005)		MBL
90714			Td preservative free	DECAVAC	Td preservative free – CPT code is effective 7/1/2005	PMC
90715	115		TdaP > 7 Years	Adacel	TdaP > 7 years	PMC
				Boostrix		SKB
90703	35	Tetanus	Tetanus	TT	Tetanus	PMC
	112		Tetanus Toxoid, NOS		Recorded as CVX 35	
90690	25	Typhoid	Typhoid-oral	Vivotif Berna/Ty21a	Typhoid oral	
90691	101		Typhoid-ViCPs	Typhim Vi	Typhoid Vi capsular polysaccharide	PMC
90692	41		Typhoid-H-P	Typhoid	Typhoid heat and phenol inactivated	
90693	53		Typhoid-AKD	Typhoid-AKD	Typhoid acetone-killed, dried (military)	
90714	91		Typhoid-NOS		Typhoid not otherwise specified (after 7/1/2005, no CPT code is associated with this vaccine group)	
90710	94	Varicella	MMRV	MMRV		MSD
90716	21		Varicella	Varivax	Varicella live	MSD
90717	37	Yellow Fever	Yellow Fever	YF-VAX	Yellow Fever live	PMC
90736	121	Zoster	Zoster (shingles), live	Zostavax	Zoster (shingles), live	MSD

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## **User-defined Table 0064 – Financial Class**

Value	Description
<b>VFC Eligibility Codes</b>	
V00	VFC Eligibility Not Determined/Unknown
V01	Not VFC Eligible – Insured, Vaccines Covered
V02	VFC Eligible – Medicaid Enrolled
V03	VFC Eligible – No Insurance
V04	VFC Eligible – Native American/Alaskan Native
V05	VFC Eligible – Underinsured at a FQHC/RHC Facility
V06	VFC Eligible – Medicaid HMO
<b>S-CHIP Eligibility Codes</b>	
CH00	Not VFC Eligible - FAMIS
<b>Insured Status</b>	
IS01	VFC Eligible – Underinsured at pvt Facility/Public Hospital/Health Dept.

## **NIP-defined NIP008 – Vaccine Purchased With**

Value	Description
PVF	Private Funds
PBF	Public Funds